

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Basswood Research			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014		
Mailing Address 4550 Montgomery Avenue North Tower, Suite 906			Amount 42000.00		
City Bethesda	State MD	Zip Code 20814	Transaction ID : SE.6218		
Purpose of Expenditure research		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014		
Name of Federal Candidate Mary L. Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		805135.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		

Full Name of Payee McCarthy Hennings Media, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014		
Mailing Address 1850 M Street, N.W., #235			Amount 17829.68		
City Washington	State DC	Zip Code 20004	Transaction ID : SE.6217		
Purpose of Expenditure media production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014		
Name of Federal Candidate Mary L. Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		822964.68	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59829.68
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY
11 / 14 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Ending Spending Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mentzer Media Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 600 Fairmount Avenue, #306		Amount 763135.00	
City Towson	State MD	Zip Code 21286	Transaction ID : SE.6216
Purpose of Expenditure media placement	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Mary L. Landrieu		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	763135.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	822964.68

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Nancy H. Watkins

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Date

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11 / 14 / 2014

Signature